



PRIVACY ACT WAIVER

I, _____ do hereby authorize the Embassy of the United States of America to release my name and information concerning my claim (5) against the Government of Nicaragua to anyone person or entity which by Embassy staff believes could be of use in resolving this claim **except:**

I do further hereby authorize the release of my address and telephone/fax numbers except to:

Signature: _____ **Date:** ____/____/____
Claimant's Signature (mm/dd/yy)

Witness: _____ **Date:** ____/____/____
(mm/dd/yy)

I certify that this document constitutes my written consent to disclosure of the aforementioned information within the meaning of the privacy act of 1974, 5 U.S.C. section 552a.